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AMENDMENT C NUMBER REMAINING **PRESENT PREVIOUSLY** AFTER **EXTRA AMENDMENT PAID FOR** Minus Total ** Minus Independent *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

TIONAL TIONAL RATE RATE FEE FEE X\$ 9= X\$18= OR X86= X43= OR +290= +145= OR ADDIT. FEE

AMENDMENT B

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**TOTAL ADDIT. FE

****If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.